

Forms List

DOH000 5-05

#	Eligibility Form Description	Retention	Author
7	Prescription Exempt.	3 yrs	Claims
8	Tobacco Survey	3 yrs	Laurel
17	PMV - (ABD, Waiver)	3 yrs	Amy
17S	PMV- Spanish	3 yrs	Amy
19	TPL	3 yrs	Amy
19S	TPL - Spanish	3 yrs	Amy
20	Medical for Review Board	3 yrs	Jack
20M	Mental Health for Review Board	3 yrs	Jack
21	Incapacity - FM only	3 yrs	Amy
24	Medical Trans & Lodging	3 yrs	Amy
48	Duty of Support (NH)	3 yrs	Rich
61AA	Affidavit of Citizenship	3 yrs	Amy
61AD	Medical Addendum	Initial is Permanent- others 3 years	Amy
61AFA	Foreign Adoption	3 yrs	Amy
61I	Nursing Home Review Form	3 yrs	Rich
61LT	Long Term Care Medicaid Application (NH)	Initial is Permanent- others 3 years	Rich
61M	Application	Initial is Permanent- others 3 years	Amy
61MR	Medical only Review	3 yrs	Amy
61MRS	Medical Review-Spanish	3 yrs	Amy
61MS	Application - Spanish	Permanent	Amy
62NH	Assessment of Assets	3 yrs	Amy
79R	Refund request	3 yrs	Amy
114D	HIPAA Disclosure	3 yrs	Craig
114M	Information release	3 yrs	Amy
114MP	Medical Provider release	3 yrs	Amy

114MS	Information release-SP	3 yrs	Amy
114R	HIPAA Release	3 yrs	Craig
116M	Employer Ins. Quest.	3 yrs	Gayleen
121	Review Board Coversheet	3 yrs	Jack
124M	Request for Verifications	3 yrs	Amy
124MS	Request for Verif - Spanish	3 yrs	Amy
354	Disability Application	3 yrs	Jack
632T	TR Quarterly Report	3 yrs	Amy
695P	Interim Verification of Medicaid Eligibility	3 yrs	Amy
707	Miscellaneous Service Voucher	3 yrs	Jacky
727B	Screen Scan ½ sheet	3 yrs	Amy
927	Waiver Request	3 yrs	Amy
941MS	Paternity-Spanish	3 yrs	Amy
947	Provider Letter - Medical Review	3 yrs	Jack
1049	Spenddown Statement	3 yrs	Amy
1049S	Spenddown Statement Spanish	3 yrs	Amy
PM920	Rights and Resp.	N/A	Amy
PM921	Emergency Medicaid English/Spanish	N/A	Amy
PM924	Medical Transportation	N/A	Amy
PM925	Are You Self-Employed?	N/A	Amy
PM962	Disabilities/PCN	N/A	Amy
PM969	May I Be Of Service (NH)	N/A	Rich
PM980	What is Medicaid?	N/A	Amy
PM983	Medicaid Work Incentive	N/A	Anita
PM984	Disability Process	N/A	Amy
PM985	QMB/SLMB	N/A	Amy
PM986	Medicare and Medicaid	N/A	Amy
PM990	Spenddown	N/A	Amy
990S	Spenddown -Spanish	N/A	Amy
PM991	Trusts	N/A	Rich
PM992	Assessment of Assets	N/A	Rich

PM993	Home and Community Based Waiver	N/A	Rich
PM994	Estate Recovery	N/A	Amy
PM995	Child Support Req.	N/A	
TPL1	Info & request for Good Cause		
DOH-PM1	Family Planning	N/A	
DOH-PM1S	Family Plan-Span	N/A	
MI706	Request for Disab Medical Info.	3 yrs	Amy
HIP	HIPAA Medicaid (Notice of Privacy)	N/A	Craig
Dental	Dental Comparison	N/A	MHC
619	DOS Form	Initial is Permanent- others 3 years	DHS/ORS